

EXHIBIT A
(Continued)

UNITED STATES DISTRICT COURT

DISTRICT OF NEBRASKA

In re: PHARMACEUTICAL INDUSTRY
AVERAGE WHOLESALE PRICE LITIGATION

SUBPOENA IN A CIVIL CASE

MDL NO. 1456

Civil Action No. 01-12257-PBS

Judge Patti B. Saris
(case pending in D. Mass.)

THIS DOCUMENT RELATES TO THE MASTER
CONSOLIDATED CLASS ACTION

TO: Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175

☐ YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY

COURTROOM

DATE AND TIME

☒ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case. See deposition topics at Schedule B, attached hereto.

PLACE OF DEPOSITION

Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175

DATE AND TIME

August 8, 2005 at 10 a.m.

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects):
See Schedule A, attached hereto.

PLACE

Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175

DATE AND TIME

August 5, 2005 at 10 a.m.

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES

DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)

DATE

Attorney for Defendants Johnson & Johnson, Centocor Inc., Ortho Biotech
Products L.P., Janssen Pharmaceutica L.P. and McNeil-PPC on behalf of all
defendants to the Amended Master Consolidated Class Action Complaint

July 5, 2005

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER: Erik Haas, Patterson, Belknap, Webb & Tyler LLP, 1133 Avenue of the Americas, New York, NY 10036. (212) 336 2000.

(See Rule 45, Federal Rules of Civil Procedure, Parts C & D on Reverse)

AO 88 (Rev. 1/94) Subpoena in a Civil C

PROOF OF SERVICE		
SERVED	DATE	PLACE
SERVED ON (PRINT NAME)		MANNER OF SERVICE
SERVED BY (PRINT NAME)		TITLE

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on _____
DATE

SIGNATURE OF SERVER

ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Parts C & D:

(C) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction which may include, but is not limited to, lost earnings and reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d) (2) of this rule, a person commanded to produce and permit inspection and copying may within 14 days after service of subpoena or before the time specified for compliance if such time is less than 14 days after service, serve objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party service the subpoena shall not be entitled to inspect and copy materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

- (i) fails to allow reasonable time for compliance;
- (ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c) (3) (B) (iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held, or
- (iii) requires disclosure of privileged or other protected matter and no exception or waiver applies, or
- (iv) subjects a person to undue burden.

(B) If a subpoena

- (i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or
- (ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or
- (iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena, or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) DUTIES IN RESPONDING TO SUBPOENA.

(1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

DEFINITIONS

1. "Mutual of Omaha Insurance Company" ("Mutual of Omaha") means Mutual of Omaha and any of its past or present trustees, officials, officers, fiduciaries, representatives, agents, assigns, attorneys, employees, divisions, departments, affiliates, and all other persons or entities acting or purporting to act on its behalf or under its control.
2. "And" and "or" shall be construed either disjunctively or conjunctively as necessary to bring within the scope of the request any information that might otherwise be construed to be outside its scope.
3. "AWP" or "Average Wholesale Price" means the price for drugs as periodically published by one or more pharmaceutical industry compendia, including the Drug Topics Red Book (the "Red Book"), American Druggist First Databank Annual Directory of Pharmaceuticals ("First DataBank" or "Blue Book") and Medi-Span's Master Drug Database ("Medi-Span").
4. "Communication" means the transmittal of information (in the form of facts, ideas, inquiries, or otherwise).
5. "Concerning" means referring to, describing, evidencing, or constituting.
6. "Copy" or "Copies" when used in reference to a document means any color or black-and-white reproduction of a document, regardless of whether the reproduction is made by means of carbon paper pressure, sensitive paper, photostat, xerography, or other means or process.
7. "Document" means the original and each non-identical copy of a document in any medium, including electronic form, whether or not it was communicated to any person other than the author, and shall include but not be limited to, writings, printings, photographs, photocopies, tapes, recordings, video recordings, electronic data, e-mails, and any other symbolic representations in your possession, custody or control or known or believed by you to exist.
8. "MAC" means Maximum Allowable Cost and includes the meaning ascribed to that term pursuant to 42 C.F.R. § 442.332.
9. "Manufacturer" means a company that manufactures pharmaceutical products, including, without limitation, all drugs listed in Exhibit A hereto.
10. The terms "Participant" and "Beneficiary" mean a person for whom a health plan or health and welfare fund provides any medical or health insurance benefit.
11. "Person" means any natural person or any business, legal, or governmental entity or association.
12. "Price" means any payment made for a drug with or without discounts,

rebates or other incentives affecting the cost of the drug.

13. "Provider" means any physician or entity that provides health care to any Participant or Beneficiary.

14. "Publisher" means an entity that publishes a listing of pharmaceutical prices, and includes publications identified in Health Care Financing Administration Program Memorandum AB-99-63 and includes FirstDataBank, Red Book, Blue Book and Medispan.

15. "Rebate report" means a report summarizing rebates you earned from Manufacturers based on purchase of products, including, without limitation, all drugs listed in Exhibit A hereto.

16. "Relating" means in any way concerning or referring to, consisting of, involving, regarding or connected with the subject matter of the request.

17. "Site of care" means the location where a Provider infuses or injects any Participant or Beneficiary with a drug, including, without limitation, a hospital or Providers' office.

18. "You" or "your" shall refer to Mutual of Omaha.

INSTRUCTIONS

1. Unless otherwise specifically stated, the requests below refer to the period of January 1, 1991 to the present.

2. The singular form of a noun or pronoun shall include within its meaning the plural form of the noun or pronoun and vice versa; the masculine form of a pronoun shall include within its meaning the feminine form of the pronoun and vice versa; and the use of any tense of any verb shall include within its meaning all other tenses of the verb.

3. Each request for production of documents extends to all documents in the possession, custody, or control of you or anyone acting on your behalf. A document is to be deemed in your possession, custody, or control if it is in your physical custody, or if it is in the physical custody of any other person and you (a) own such document in whole or in part; (b) have a right, by contract, statute, or otherwise, to use, inspect, examine, or copy such document on any terms; (c) have an understanding, express or implied, that you may use, inspect, examine, or copy such document on any terms; or (d) have, as a practical matter, been able to use, inspect, examine, or copy such document when you sought to do so.

4. If production is requested of a document that is no longer in your possession, custody, or control, your response should state when the document was most recently in your possession, custody, or control, how the document was disposed of, and the identity of the person, if any, presently in possession, custody, or control of such document. If the document has been destroyed, state the reason for its destruction.

5. Provide the following information for each document withheld on the grounds of privilege:

- (a) its date;
- (b) its title;
- (c) its author;
- (d) its addressee;
- (e) the specific privilege under which it is withheld;
- (f) its general subject matter; and
- (g) a description of it that you contend is adequate to support your contention that it is privileged.

6. These requests for production of documents are continuing in nature pursuant to Rule 26 of the Federal Rules of Civil Procedure so as to require, whenever necessary, continuing production and supplementation of responses between the initial date for production set forth above and the time of trial.

7. The documents produced must be produced as they are kept in the usual

course of business or organized and labeled to correspond with the categories in the request.

8. To the extent that you consider any of the following requests for production of documents objectionable, please respond to the remainder of the production request, and separately state the part of each request to which you object and each ground for each objection.

SCHEDULE A
DOCUMENTS TO BE PRODUCED

1. Provider reimbursement contracts reflecting all methodologies used to calculate drug reimbursements.
2. All provider reimbursement fee schedules from the period of 1997-present and all documents detailing how these fee schedules were calculated or derived. To the extent you maintain electronic tables reflecting reimbursements that differ from the fee schedules, produce all such electronic tables.
3. All rebate reports concerning any drug on the list attached hereto as Exhibit A.
4. All documents, including communications between you and providers, relating to or reflecting:
 - (a) The costs to providers of acquiring physician-administered drugs, including, but not limited to, the drugs on the list attached hereto as Exhibit A that are physician-administered;
 - (b) Any differences between the costs to providers of acquiring physician-administered drugs and the amounts you reimburse providers for such physician-administered drugs;
 - (c) Your or your clients' awareness and understanding that the costs to providers of acquiring or administering physician-administered drugs are different from the amounts you reimburse providers in relation to such physician-administered drugs.
5. All documents relating to or reflecting differences between the amounts you reimburse in relation to physician-administered drugs when they are administered in hospitals as compared to providers' offices, including, but not limited to, all strategic plans and business plans comparing the associated costs of administration in each site of care, or indicating an incentive or preference to administer subject drugs in a providers' office rather than in a hospital setting.
6. Electronic medical claims data (hospital and provider data) regarding reimbursement for all drugs on the list attached hereto as Exhibit A, including all data regarding reimbursements for related administration or service fees, and all claims processing manuals corresponding to the electronic medical claims data produced.
7. All documents you produced in any other litigation, government investigation or inquiry related to the use of AWP in Medicare, Medicaid or private reimbursement.
8. All MAC lists relating to retail pharmacy reimbursement for generic drugs, and all documents reflecting how those MACs were generated.

SCHEDULE B
DEPOSITION TOPICS

1. All methodologies (e.g., capitation, usual and customary charges, AWP-based formula) you utilized or considered utilizing to determine the amounts to pay or reimburse health care providers (e.g., doctors, hospitals, clinics, home health care) and pharmacies (either directly or through PBMs) for drugs administered and dispensed.
2. All rationales, information, and factors considered by you in deciding whether or not to adopt the reimbursement methodologies described in Subject 1.
3. The identity of each person at your company who participated in or had knowledge of the decision to select the reimbursement methodologies described in Subject 1.
4. Any actions that you have taken to reduce either your total expenditures on pharmaceutical benefits or the amount spent on any particular pharmaceutical product.
5. For all methodologies discussed in Subject 1, all rationales, information, and factors considered by you in deciding whether or not to pay a separate administration fee or dispensing fee in addition to the price of the drug itself.
6. Your knowledge and understanding of whether any administration or dispensing fees you reimbursed to providers or pharmacies were sufficient to cover the provider's or pharmacy's costs in administering or dispensing the corresponding drugs.
7. Whether and to what extent you set drug reimbursement for drugs administered and dispensed based on competitive negotiations with health care providers, pharmacies and PBMs.
8. Your relationship(s), if any, with any PBM.
9. All rationales, information, and factors considered by you in deciding whether to do business with a PBM and in deciding which PBM, if any, to use.
10. The identity of each person at your company who participated in or had knowledge of the decision whether or not to do business with a PBM.
11. Your understanding, use, and knowledge of the terms "Average Wholesale Price," "AWP," "Wholesale Acquisition Cost," or "WAC."
12. Your understanding and knowledge of whether drug manufacturers provided health care providers or pharmacies with discounts, rebates and other incentives that were not reported in pricing compendia or otherwise disclosed to the public.

13. Your understanding and knowledge of whether or not the published AWP was adjusted to account for the discounts, rebates and other incentives described in Subject 12.

14. Your knowledge of the margin wholesalers have earned on drugs over the last decade.

15. For physician-administered drugs, whether and to what extent your negotiations with providers about reimbursement expressly dealt with a distinction between (a) the reimbursement of the drug itself and (b) the reimbursement for the medical provider's administration service.

16. Whether and to what extent your negotiations over reimbursement rates with providers over drugs and drug-related services are influenced by Medicare's reimbursement rates.

17. Your knowledge and understanding of whether, during negotiations about reimbursement for physician-administered drugs, any medical providers have ever stated or implied that reimbursement for drugs must exceed the reimbursement received for drugs under Medicare.

18. Your understanding and knowledge of whether health care providers and pharmacies would earn a margin on drugs administered and dispensed, including whether such a margin depended, in part, on the difference between the reimbursement you paid and the actual acquisition costs for the drugs, net of any incentives provided by the drug manufacturers.

19. Whether and to what extent you provide different reimbursement rates for subject drugs when they are administered in providers' offices rather than in hospitals, including your rationale for doing so or not doing so.

20. Any studies or analysis you have made concerning the relative costs of the administration of subject drugs in providers' offices rather than in hospitals.

21. Your knowledge and understanding of any agreement between any drug manufacturer and any PBM to inflate the amount you paid or reimbursed for pharmacy-dispensed drugs.

22. Your knowledge and understanding of any activity undertaken by any drug manufacturer to artificially inflate the AWP for their drugs.

23. Your relationships with your insureds, including all methodologies by which you bill your insureds, directly or indirectly, for pharmaceuticals and pharmaceutical dispensing or administration services.

24. All information sent to or received from federal, state, or local governments regarding pharmaceutical reimbursement.

25. Your knowledge of government studies, reports, and communications concerning actual acquisition costs for drugs.

26. All documents produced in response to defendants' subpoena, including whether such documents are authentic within the meaning of Rule 901 of the Federal Rules of Evidence, and Records of Regularly Conducted Activity within the meaning of Rule 803(6) of the Federal Rules of Evidence.

EXHIBIT A

Exhibit A

DRUG NAME	NDC NUMBERS	HCPCS Codes
ACETYLCYST SOL 10%	00074-3307-01	J7610
ACETYLCYST SOL 10%	00074-3307-02	J7610
ACETYLCYST SOL 10%	00074-3307-03	J7610
ACETYLCYST SOL 10%	49502-0181-04	J7608
ACETYLCYST SOL 20%	00074-3308-01	J7615
ACETYLCYST SOL 20%	00074-3308-02	J7615
ACETYLCYST SOL 20%	00074-3308-03	J7615
ADRIAMYCIN INJECTION	10829-0013-01	J9001
ADRIAMYCIN INJECTION	10829-0014-01	J9001
ADRIAMYCIN INJECTION	10829-0015-01	J9001
ADRIAMYCIN PFS INJECTION	00013-1236-91	J9001
ADRIAMYCIN PFS INJECTION	00013-1246-91	J9001
ADRIAMYCIN PFS INJECTION	00013-1256-79	J9001
ADRIAMYCIN PFS INJECTION	00013-1266-83	J9001
ADRIAMYCIN PFS INJECTION	00013-1286-83	J9001
ADRIAMYCIN PFS INJECTION	62180-1236-01	J9001
ADRIAMYCIN PFS INJECTION	62180-1246-01	J9001
ADRIAMYCIN PFS INJECTION	62180-1256-01	J9001
ADRIAMYCIN PFS INJECTION	62180-1266-01	J9001
ADRIAMYCIN PFS INJECTION	62180-1286-01	J9001
ADRIAMYCIN PFS INJECTION SOLUTION	00013-1176-87	J9001
ADRIAMYCIN RDF FOR INJECTION	10829-1106-01	J9001
ADRIAMYCIN RDF FOR INJECTION	10829-1116-01	J9001
ADRIAMYCIN RDF INJECTION SOLUTION	00013-1096-91	J9001
ADRIAMYCIN RDF POWDER FOR INJECTION	00013-1086-91	J9001
ADRIAMYCIN RDF POWDER FOR INJECTION	00013-1106-79	J9001
ADRIAMYCIN RDF POWDER FOR INJECTION	00013-1116-83	J9001
ADRUCIL INJECTION	00013-1036-91	J9190
ADRUCIL INJECTION	00013-1046-94	J9190
ADRUCIL INJECTION	00013-1056-94	J9190
AGGRASTAT	00006-3713-25	J3245
AGGRASTAT	00006-3713-50	J3245
AGGRASTAT	00006-3739-55	J3245
AGGRASTAT	00006-3739-96	J3245
AGGRASTAT	00006-3739-43	J3245
ALBUTEROL	59930-1517-01	J7619
ALBUTEROL	59930-1517-02	J7619
ALBUTEROL	59930-1647-02	J7618
ALBUTEROL AEROSOL	49502-0333-17	J3535
ALBUTEROL SULFATE CONCENTRATE SOLUTION	49502-0105-01	J7611
ALBUTEROL SULFATE INHALATION SOLUTION	49502-0697-03	J7613
ALBUTEROL SULFATE INHALATION SOLUTION	49502-0697-33	J7613
ALBUTEROL SULFATE INHALATION SOLUTION	49502-0697-60	J7613
ALKERAN	00173-0045-35	J8600
ALKERAN	00173-0130-93	J9245
A-METHAPRED (METHOTREXATE □SODIUM SUCCINATE)	00074-5684-01	J2920
AMIKIN	15301520	
AMIKIN	15302320	
AMIKIN	15302021	
AMIKIN	15302020	J3490
AMPHOCIN POWDER FOR INJECTION	00013-1405-44	J0285, J0287, J0289
AMPHOTERCIN B	3043732	J0285, J0287, J0288, J0289
AMPHOTERCIN B	39822-1055-05	J0285, J0287-J0289
AMPHOTERICINB	00703-9785-01	J0285
ANZEMET	00088-1202-05	J1260
ANZEMET SOLUTION FOR INJECTION 20 MG/5 ML	00088-1206-32	J1260
ANZEMET TABLETS 100 MG	00088-1203-05	Q0180
ANZEMET TABLETS 100 MG	00088-1203-29	Q0180
ANZEMET TABLETS 100 MG	00088-1203-43	Q0180

Exhibit A

DRUG NAME	NDC NUMBERS	HCPCS Codes
ARANESP 25 MCG 1.0 ML 4PK	55513-0010-04	J0880
ARISTOCORT	00469-5102-15	J3302
ARISTOCORT FORTE POWDER FOR INJECTION 40 MG/ML	00469-5116-01	J3302
ARISTOCORT FORTE POWDER FOR INJECTION 40 MG/ML	00469-5116-05	J3302
ARISTOCORT INJECTION 25 MG/ML	00469-5117-05	J3302
ARISTOSPAN	00469-5115-05	J3303
ARISTOSPAN	00469-5119-01	J3303
ARISTOSPAN	00469-5119-05	J3303
ARISTOSPAN INJECTION 5MG/ML	00469-5118-05	J3303
ATIVAN	10019-0102-01	J2060
ATIVAN	10019-0102-10	J2060
ATIVAN	10019-0103-01	J2060
ATIVAN	10019-0102-46	J2060
ATIVAN	10019-0103-46	J2060
ATIVAN	10019-0103-47	J2060
ATIVAN	10019-0103-10	J2060
ATIVAN	60977-0112-01	J2060
ATIVAN	60977-0112-02	J2060
ATIVAN	60977-0113-01	J2060
ATIVAN	60977-0113-02	J2060
AZMACORT	00075-0060-37	J7684
BEBULIN VH	64193-0244-02	J7194
BLENOXANE	15316501	J9040
BLENOXANE	15301026	
BLENOXANE	15301020	
BLENOXANE	15306326	
BLENOXANE	15306301	
BLENOXANE 60U PREMIX	00015-3165-01	J9040
BLENOXANE POWDER FOR INJECTION 15 UNT/VIL	00015-3010-20	J9040
BLEOMYCIN SULFATE POWDER FOR INJECTION	17110-0030-01	J9040
BREVILOC	10019-0015-01	J7799, J3490
BREVILOC	10019-0015-71	J7799, J3490
BREVILOC	10019-0025-18	J7799, J3490
BREVILOC	10019-0055-61	J7799, J3490
BREVILOC	10019-0075-87	J7799, J3490
BREVILOC	10019-0115-01	J7799, J3490
BREVILOC	10019-0085-01	J7799, J3490
BUMINATE	00944-0490-01	P9041
BUMINATE	00944-0490-02	P9042
BUMINATE	00944-0490-03	no J code
BUMINATE	00944-0491-01	no J code
BUMINATE	00944-0491-02	no J code
CALCIJEX INJ 1MCG/ML	00074-8110-31	J0635
CALCIMAR	00075-1306-01	J0630
CEFIZOX	00469-7251-01	J0715
CEFIZOX	00469-7252-01	J0715
CEFIZOX	00469-7253-02	J0715
CEFIZOX	00469-7254-02	J0715
CEFIZOX	00469-7255-10	J0715
CEFIZOX	00469-7271-01	J0715
CEFIZOX	00469-7272-02	J0715
CIPRO IV	00026-8527-36	J0706, J0744
CIPRO IV	00026-8562-20	J0706, J0744
CIPRO IV	00026-8566-65	J0706, J0744
CIPRO IV	00026-8564-64	J0706, J0744
CIPRO IV	00026-8552-36	J0706, J0744
CIPRO IV	00026-8554-63	J0706, J0744
CIPRO IV	00026-8527-63	J0706, J0744
CISPLATIN	10019-0910-01	J9062

Exhibit A

DRUG NAME	NDC NUMBERS	HCPCS Codes
CISPLATIN	10019-0910-02	J9062
CLAFORAN	00039-0037-05	J0698
CLAFORAN	00039-0038-05	J0698
CLOZARIL	00078-0126-05	S0136
CLOZARIL	00078-0126-06	S0136
CROMOLYN SODIUM INHALATION SOLUTION	49502-0689-02	J7631
CROMOLYN SODIUM INHALATION SOLUTION	49502-0689-12	J7631
CYCLOPHOSPHAMIDE	00015-0506-41	J9070, J9080, J9090, J9091, J9092
CYCLOPHOSPHAMIDE	00015-0505-41	J9070, J9080, J9090, J9091, J9092
CYCLOPHOSPHAMIDE	00015-0502-41	J9070, J9080, J9090, J9091, J9092
CYCLOPHOSPHAMIDE	00015-0548-41	J9093, J9094, J9095, J9096, J9097
CYCLOPHOSPHAMIDE	00015-0546-41	J9093, J9094, J9095, J9096, J9097
CYCLOPHOSPHAMIDE	00015-0549-41	J9093, J9094, J9095, J9096, J9097
CYCLOPHOSPHAMIDE	00015-0547-41	J9093, J9094, J9095, J9096, J9097
CYTOSAR U INJECTION	00009-0373-01	J9098, J9100, J9110
CYTOSAR U INJECTION	00009-0473-01	J9098, J9100, J9111
CYTOSAR U INJECTION	00009-3295-01	J9098, J9100, J9112
CYTOSAR U INJECTION	00009-3296-01	J9098, J9100, J9113
CYTOXAN	15053910	
CYTOXAN	15054812	
CYTOXAN	15054810	
CYTOXAN	15054610	
CYTOXAN	15054912	
CYTOXAN	15054910	
CYTOXAN	15319001	
CYTOXAN	15050241	J9090
CYTOXAN	15054710	
CYTOXAN	15050001	
CYTOXAN	15050101	
CYTOXAN	15050202	
CYTOXAN	15050041	
CYTOXAN	15050641	J9090
CYTOXAN	15050241	J9080
CYTOXAN	15050141	
CYTOXAN	15050541	J9080
CYTOXAN	15050641	J9080
CYTOXAN	15054712	
CYTOXAN	15054741	
CYTOXAN	15054741	
CYTOXAN	15053941	
CYTOXAN	15054841	
CYTOXAN	15054641	
CYTOXAN	15054941	
CYTOXAN	15050541	J9070
CYTOXAN	15050402	
CYTOXAN	15050303	
CYTOXAN	15050301	J8530
CYTOXAN	15050302	J8530
CYTOXAN	15050310	
CYTOXAN	15050301	
CYTOXAN	15050401	
CYTOXAN	15050301	
CYTOXAN	15050302	
CYTOXAN	15050303	
CYTOXAN FOR INJECTION 200 MG/VIL	00015-0546-41	J9093, J9094
CYTOXAN POWDER FOR INJECTION 1 GM/VIL	00015-0548-41	J9091, J9096
CYTOXAN POWDER FOR INJECTION 2 GM/VIL	00015-0549-41	J9097
CYTOXAN POWDER FOR INJECTION 500 MG/VIL	00015-0547-41	J9090, J9093-J9095
CYTOXAN TABLETS 25 MG	00015-0504-01	J8530

Exhibit A

DRUG NAME	NDC NUMBERS	HCPCS Codes
CYTOXAN TABLETS 50 MG	00015-0503-01	J8530
CYTOXAN TABLETS 50 MG	00015-0503-02	J8530
DEPO TESTOSTERONE CYPIONATE INJECTION	00009-0347-02	J1060, J1070, J1080
DEPO TESTOSTERONE CYPIONATE INJECTION	00009-0417-01	J1060, J1070, J1081
DEPO TESTOSTERONE CYPIONATE INJECTION	00009-0417-02	J1060, J1070, J1082
DEXAMETHASONE SODIUM PHOSPHATE INJECTION 4 MG	63323-0165-01	J1100
DEXAMETHASONE 10MG/ML VIAL	00364-2360-54	J7637/J7638
DEXAMETHASONE 4MG/ML VIAL	00364-6681-32	J7637/J7638
DEXAMETHASONE 4MG/ML VIAL	00364-6681-46	J7637/J7638
DEXAMETHASONE 4MG/ML VIAL	00364-6681-53	J7637/J7638
DEXAMETHASONE 4MG/ML VIAL	00364-6681-54	J7637/J7638
DEXAMETHASONE 4MG/ML VIAL	00364-6681-56	J7637/J7638
DEXAMETHASONE 4MG/ML VIAL	00536-4151-65	J7637/J7638
DEXAMETHASONE 4MG/ML VIAL	00536-4151-70	J7637/J7638
DEXAMETHASONE 4MG/ML VIAL	00536-4151-75	J7637/J7638
DEXAMETHASONE 8MG/ML VIAL	00364-6699-53	J7637/J7638
DEXAMETHASONE 8MG/ML VIAL	00536-4163-65	J7637/J7638
DEXAMETHASONE AC 8MG/ML VL	00402-0092-05	J7637/J7638
DEXAMETHASONE SOD PH 4MG/ML	00402-0587-01	J7637/J7638
DEXAMETHASONE SOD PH 4MG/ML	00402-0587-05	J7637/J7638
DEXAMETHASONE SOD PH 4MG/ML	00402-0587-10	J7637/J7638
DEXAMETHASONE SOD PH 4MG/ML	00402-0807-05	J7637/J7638
DEXAMETHASONE SOD PH 4MG/ML	00402-0807-10	J7637/J7638
DEXAMETHASONE SOD PH 4MG/ML	00402-0807-30	J7637/J7638
DEXTROSE	00338-0021-02	J7060, J7070
DEXTROSE	00338-0021-03	J7060, J7070
DEXTROSE	00338-0023-12	J7060, J7070
DEXTROSE	00338-0023-13	J7060, J7070
DEXTROSE	00338-0021-04	J7060, J7070
DEXTROSE	00338-0023-34	J7060, J7070
DEXTROSE	00338-0023-02	J7060, J7070
DEXTROSE	00338-0023-03	J7060, J7070
DEXTROSE	00338-0023-04	J7060, J7070
DEXTROSE	00338-0030-03	J7060, J7070
DEXTROSE	00338-0711-13	J7060, J7070
DEXTROSE	00338-0711-34	J7060, J7070
DEXTROSE	00338-0713-13	J7060, J7070
DEXTROSE	00338-0713-34	J7060, J7070
DEXTROSE	00338-0715-13	J7060, J7070
DEXTROSE	00338-0715-34	J7060, J7070
DEXTROSE	00338-0015-11	J7060, J7070
DEXTROSE	00338-0017-10	J7060, J7070
DEXTROSE	00338-0017-11	J7060, J7070
DEXTROSE	00338-0017-31	J7060, J7070
DEXTROSE	00338-0017-41	J7060, J7070
DEXTROSE	00338-0016-12	J7060, J7070
DEXTROSE	00338-0017-18	J7060, J7070
DEXTROSE	00338-0017-38	J7060, J7070
DEXTROSE	00338-0017-48	J7060, J7070
DEXTROSE	00338-0017-01	J7060, J7070
DEXTROSE	00338-0016-02	J7060, J7070
DEXTROSE	00338-0017-02	J7060, J7070
DEXTROSE	00338-0016-03	J7060, J7070
DEXTROSE	00338-0017-03	J7060, J7070
DEXTROSE	00338-0017-04	J7060, J7070
DEXTROSE	00338-0551-11	J7060, J7070
DEXTROSE	00338-0551-18	J7060, J7070
DEXTROSE	00338-0031-13	J7060, J7070
DEXTROSE	00338-0035-03	J7060, J7070

Exhibit A

DRUG NAME	NDC NUMBERS	HCPCS Codes
DEXTROSE	00338-0035-13	J7060, J7070
DEXTROSE	00338-0036-03	J7060, J7070
DEXTROSE	00338-0031-34	J7060, J7070
DEXTROSE	00338-0031-06	J7060, J7070
DEXTROSE	00338-0717-13	J7060, J7070
DEXTROSE	00338-0717-34	J7060, J7070
DEXTROSE	00338-0719-13	J7060, J7070
DEXTROSE	00338-0034-04	J7060, J7070
DEXTROSE	00338-0038-04	J7060, J7070
DEXTROSE	00338-0719-34	J7060, J7070
DEXTROSE	00338-0719-06	J7060, J7070
DEXTROSE	00338-0036-03	J7060, J7070
DEXTROSE	00338-0038-04	J7060, J7070
DEXTROSE	00338-0012-04	J7060, J7070
DEXTROSE	00338-0648-13	J7060, J7070
DEXTROSE	00338-0032-13	J7060, J7070
DEXTROSE	00338-0034-06	J7060, J7070
DEXTROSE	00338-0035-06	J7060, J7070
DEXTROSE INJ 20%	00264-1251-55	
DEXTROSE INJ 30%	00264-1240-55	
DEXTROSE INJ 40%	00264-1260-55	
DEXTROSE INJ 5%	00264-7510-20	J7060, J7070
DEXTROSE INJ 5%	00264-1510-36	
DEXTROSE INJ 5%	00264-7510-00	J7060, J7070
DEXTROSE INJ 5%	00264-1510-31	
DEXTROSE INJ 5%	00264-7510-10	J7060, J7070
DEXTROSE INJ 5%	00264-1510-32	
DEXTROSE INJ 50%	00264-1128-01	
DEXTROSE INJ 50%	00264-1280-55	
DEXTROSE INJ 50%	00264-1281-55	
DEXTROSE INJ 50%	00264-1129-50	
DEXTROSE INJ 50%	00264-1290-55	
DEXTROSE INJ 70%	00264-1290-50	
DEXTROSE INJ 50%	00264-1292-55	
DEXTROSE INJ 10%	00264-7520-10	
DEXTROSE INJ 10%	00264-7520-00	
DEXTROSE INJ 10%	00264-7520-20	
10% DEXTROSE and 0.20% SODIUM CHLORIDE	00264-7623-20	J7042
10% DEXTROSE and 0.9% SODIUM CHLORIDE	00264-7620-00	J7042
10% DEXTROSE and 0.45% SODIUM CHLORIDE	00264-7622-00	J7042
2.5% DEXTROSE and 0.45% SODIUM CHLORIDE	00264-7605-00	J7042
2.5% DEXTROSE and 0.45% SODIUM CHLORIDE	00264-7605-10	J7042
2.5% DEXTROSE in HALF-STRENGTH LACTATED RINGER	00264-7759-20	
5% DEXTROSE and 0.20% SODIUM CHLORIDE	00264-7616-20	J7042
5% DEXTROSE and 0.20% SODIUM CHLORIDE	00264-7616-10	J7042
5% DEXTROSE and 0.20% SODIUM CHLORIDE	00264-7616-00	J7042
5% DEXTROSE and 0.9% SODIUM CHLORIDE	00264-7610-10	J7042
5% DEXTROSE and 0.9% SODIUM CHLORIDE	00264-7610-20	J7042
5% DEXTROSE and 0.9% SODIUM CHLORIDE	00264-7610-00	J7042
5% DEXTROSE and 0.33% SODIUM CHLORIDE	00264-7614-20	J7042
5% DEXTROSE and 0.33% SODIUM CHLORIDE	00264-7614-10	J7042
5% DEXTROSE and 0.33% SODIUM CHLORIDE	00264-7614-00	J7042
5% DEXTROSE and 0.45% SODIUM CHLORIDE	00264-7612-10	J7042
5% DEXTROSE and 0.45% SODIUM CHLORIDE	00264-7612-00	J7042
5% DEXTROSE and 0.45% SODIUM CHLORIDE	00264-7612-20	J7042
DEXTROSE INJ 5% in LACTATED RINGER	00264-7751-10	
DEXTROSE INJ 5% in LACTATED RINGER	00264-7751-00	
DEXTROSE INJ 5% in LACTATED RINGER	00264-7751-20	
DEXTROSE INJECTION 5 %WV	00264-7510-10	J7060

Exhibit A

DRUG NAME	NDC NUMBERS	HCPCS Codes
DEXTROSE INJECTION 5.0 %WV	00264-1510-31	J3490
DEXTROSE INJECTION 50 %	00074-1536-03	J3490
DEXTROSE INJECTION 50 %	00074-4902-34	J3490
DEXTROSE INJECTION 50 %	00074-5645-25	J3490
DEXTROSE INJECTION 50 %	00074-6648-02	J3490
DEXTROSE INJECTION 50 %	00074-7119-07	J3490
DEXTROSE INJECTION 50 %	00074-7936-19	J3490
DEXTROSE INJECTION 50 %	00338-0036-03	J3490
DEXTROSE INJECTION 50%	00074-7936-17	J3490
DEXTROSE INJECTION SOLUTION USP 5 %	00338-0016-02	J3490
DEXTROSE INJECTION SOLUTION USP 5 %	00338-0016-03	J3490, J7060
DEXTROSE INJECTION USP 10 %	00338-0023-03	J3490
DEXTROSE INJECTION USP 10 %	00338-0023-13	J3490
DEXTROSE INJECTION USP 5 %	00338-0017-01	J3490
DEXTROSE INJECTION USP 5 %	00338-0017-02	J3490
DEXTROSE INJECTION USP 5 %	00338-0017-03	J3490, J7060
DEXTROSE INJECTION USP 5 %	00338-0017-04	J3490, J7070
DEXTROSE INJECTION USP 50 %	00264-1280-55	J3490
DEXTROSE INJECTION USP 50 %	00264-1281-55	J3490
DEXTROSE INJECTION USP 50 %	00338-0031-06	J3490
DEXTROSE INJECTION USP 50 %	00338-0031-13	J3490
DEXTROSE INJECTION USP 50 %	00338-0031-34	J3490
DIAZEPAM INJ 5MG/ML	00074-1273-02	J3360
DIAZEPAM INJ 5MG/ML	00074-1273-12	J3360
DIAZEPAM INJ 5MG/ML	00074-1273-22	J3360
DIAZEPAM INJ 5MG/ML	00074-1273-32	J3360
DIAZEPAM INJ 5MG/ML	00074-3210-32	J3360
DIAZEPAM INJ 5MG/ML	00074-3213-01	J3360
DIAZEPAM INJ 5MG/ML	00074-3213-02	J3360
DIAZEPAM 5MG/ML AMPUL	00364-0826-52	N/A
DIAZEPAM 5MG/ML VIAL	00364-0825-46	N/A
DIAZEPAM 5MG/ML VIAL	00364-0825-48	N/A
DIAZEPAM 5MG/ML VIAL	00364-0825-54	N/A
DIAZEPAM 5MG/ML VIAL	00364-0825-88	N/A
DIAZEPAM 5MG/ML VIAL	00402-0445-01	N/A
DIAZEPAM 5MG/ML VIAL	00402-0445-02	N/A
DIAZEPAM 5MG/ML VIAL	00402-0445-10	N/A
DIAZEPAM 5MG/ML VIAL	00536-4200-70	N/A
DILANTIN CAPSULES	00071-0365-24	J1165
DIPRIVAN	00310-0300-11	J3490
DIPRIVAN	00310-0300-22	J3490
DIPRIVAN	00310-0300-50	J3490
DIPRIVAN	00310-0300-54	J3490
DOXORUBICIN	10019-0920-01	J9000
DOXORUBICIN	10019-0921-02	J9000
DOXORUBICIN HYDROCHLORIDE	00703-5040-01	J9000
DOXORUBICIN HYDROCHLORIDE INJECTION	62180-5040-01	J9001
DOXORUBICIN HYDROCHLORIDE INJECTION	62180-5043-03	J9001
DOXORUBICIN HYDROCHLORIDE INJECTION	62180-5046-01	J9001
DOXORUBICIN HYDROCHLORIDE INJECTION 10MG/5ML	00703-5043-03	J9000
DOXORUBICINHYDROCHLORIDE	00703-5046-01	J9001
DTIC DOME	00026-8151-20	J9140
ENBREL INJECTION KIT 25 MG/VIL	58406-0425-41	J1438
ENBREL® 25 MG, LYOPHILIZED VIAL W/1 BWF DILUENT SYRINGE	58406-0425-34	J1438
EPOGEN EPOETIN ALFA FOR INJECTION 10,000UNT/ ML	55513-0283-01	Q0136, Q4055, Q9920-Q9940
EPOGEN EPOETIN ALFA FOR INJECTION 10,000UNT/ ML	55513-0283-10	Q0136, Q4055, Q9920-Q9940
EPOGEN INJECTION 10000 UNT/ML	55513-0144-01	Q9920
EPOGEN INJECTION 10000 UNT/ML	55513-0144-10	Q0136, Q4055, Q9920-Q9940
EPOGEN INJECTION 2000 UNT/ML	55513-0126-01	Q0136, Q4055, Q9920-Q9940

Exhibit A

DRUG NAME	NDC NUMBERS	HCPCS Codes
EPOGEN INJECTION 2000 UNT/ML	55513-0126-10	Q0136, Q4055, Q9920-Q9940
EPOGEN INJECTION 20000 UNT/ML	55513-0478-01	Q0136, Q4055, Q9920-Q9940
EPOGEN INJECTION 20000 UNT/ML	55513-0478-10	Q0136, Q4055, Q9920-Q9940
EPOGEN INJECTION 3000 UNT/ML	55513-0267-01	Q0136, Q4055, Q9920-Q9940
EPOGEN INJECTION 3000 UNT/ML	55513-0267-10	Q0136, Q4055, Q9920-Q9940
EPOGEN INJECTION 4000 UNT/ML	55513-0148-01	Q0136, Q4055, Q9920-Q9940
EPOGEN INJECTION 4000 UNT/ML	55513-0148-10	Q0136, Q4055, Q9920-Q9940
EPOGEN INJECTION 40000 UNTS	55513-0823-01	Q0136, Q4055, Q9920-Q9940
EPOGEN INJECTION 40000 UNTS	55513-0823-10	Q0136, Q4055, Q9920-Q9940
ETOPHOS	00015-3404-20	J9181
ETOPOSIDE	00703-5653-01	J9181, J9182
ETOPOSIDE INJECTION	62180-5653-01	J8560, J9181, J9182
ETOPOSIDE INJECTION	62180-5656-01	J8560, J9181, J9182
ETOPOSIDE INJECTION	62180-5657-01	J8560, J9181, J9182
ETOPOSIDE INJECTION 20 MG/ML	55390-0291-01	J9181, J9182
FENTANYL CIT INJ .05MG/ML	00074-1276-02	J3010
FENTANYL CIT INJ .05MG/ML	00074-1276-05	J3010
FENTANYL CIT INJ .05MG/ML	00074-1276-12	J3010
FENTANYL CIT INJ .05MG/ML	00074-1276-15	J3010
FENTANYL CIT INJ .05MG/ML	00074-1276-32	J3010
FENTANYL CIT INJ .05MG/ML	00074-1276-35	J3010
FENTANYL CIT INJ .05MG/ML	00074-9093-32	J3010
FENTANYL CIT INJ .05MG/ML	00074-9093-35	J3010
FENTANYL CIT INJ .05MG/ML	00074-9093-36	J3010
FENTANYL CIT INJ .05MG/ML	00074-9093-38	J3010
FENTANYL CIT INJ .05MG/ML	00074-9094-10	J3010
FENTANYL CIT INJ .05MG/ML	00074-9094-20	J3010
FENTANYL CIT INJ .05MG/ML	00074-9094-22	J3010
FENTANYL CIT INJ .05MG/ML	00074-9094-25	J3010
FENTANYL CIT INJ .05MG/ML	00074-9094-28	J3010
FENTANYL CIT INJ .05MG/ML	00074-9094-31	J3010
FENTANYL CIT INJ .05MG/ML	00074-9094-50	J3010
FENTANYL CIT INJ .05MG/ML	00074-9094-61	J3010
FERRLECIT 62.5MG/5ML AMPUL	00364-2791-23	N/A
FERRLECIT 62.5MG/5ML AMPUL	52544-0922-26	J2916
FUNGIZONE	3041120	
FUNGIZONE	3043730	J0285
FUNGIZONE	3041230	
FUNGIZONE	3042620	
FUNGIZONE	3043760	
FUROSEMIDE INJ 10MG/ML	00074-1639-10	J1940
FUROSEMIDE INJ 10MG/ML	00074-6054-02	J1940
FUROSEMIDE INJ 10MG/ML	00074-6055-14	J1940
FUROSEMIDE INJ 10MG/ML	00074-6056-17	J1940
FUROSEMIDE INJ 10MG/ML	00074-6056-18	J1940
FUROSEMIDE INJ 10MG/ML	00074-6101-02	J1940
FUROSEMIDE INJ 10MG/ML	00074-6101-04	J1940
FUROSEMIDE INJ 10MG/ML	00074-6101-10	J1940
FUROSEMIDE INJ 10MG/ML	00074-6102-02	J1940
FUROSEMIDE INJ 10MG/ML	00074-6102-04	J1940
FUROSEMIDE INJ 10MG/ML	00074-6102-10	J1940
FUROSEMIDE INJ 10MG/ML	00074-6102-11	J1940
FUROSEMIDE INJ 10MG/ML	00074-9631-04	J1940
FUROSEMIDE INJ 20MG/2ML	00074-1275-02	J1940
FUROSEMIDE INJ 20MG/2ML	00074-1275-12	J1940
FUROSEMIDE INJ 20MG/2ML	00074-1275-22	J1940
FUROSEMIDE INJ 40MG/4ML	00074-1274-04	J1940
FUROSEMIDE INJ 40MG/4ML	00074-1274-14	J1940
FUROSEMIDE INJ 40MG/4ML	00074-1274-24	J1940

Exhibit A

DRUG NAME	NDC NUMBERS	HCPCS Codes
FUROSEMIDE INJ 40MG/4ML	00074-1274-34	J1940
GAMIMUNE N	00026-0646-12	J1563, J1564
GAMIMUNE N	00026-0646-20	J1563, J1564
GAMIMUNE N	00026-0646-24	J1563, J1564
GAMIMUNE N	00026-0646-25	J1563, J1564
GAMIMUNE N	00026-0646-71	J1563, J1564
GAMIMUNE N	00026-0648-12	J1563, J1564
GAMIMUNE N	00026-0648-15	J1563, J1564
GAMIMUNE N	00026-0648-20	J1563, J1564
GAMIMUNE N	00026-0648-24	J1564
GAMIMUNE N	00026-0648-71	J1563, J1564
GAMMAGARD SD	00944-2620-01	J1561
GAMMAGARD SD	00944-2620-02	J1563
GAMMAGARD SD	00944-2620-03	J1563
GAMMAGARD SD	00944-2620-04	J1564
GAMMAR I.M.	00053-7595-02	J1561, J1563, J1564
GAMMAR I.V.	00053-7490-01	J1561, J1563, J1564
GAMMAR P-IV	00053-7486-01	J1561, J1563, J1564
GENTAM/NACL	00338-0505-48	J1580
GENTAM/NACL	00338-0511-41	J1580
GENTAM/NACL	00338-0507-48	J1580
GENTAM/NACL	00338-0503-41	J1580
GENTAM/NACL	00338-0507-41	J1580
GENTAM/NACL	00338-0501-48	J1580
GENTAM/NACL	00338-0509-41	J1580
GENTAM/NACL	00338-0503-48	J1580
GENTAMICIN INJ 10MG/ML	00074-3400-01	J1580
GENTAMICIN INJ 10MG/ML	00074-3401-01	J1580
GENTAMICIN INJ 10MG/ML	00074-3402-01	J1580
GENTAMICIN INJ 40MG/ML	00074-1207-03	J1580
GENTAMICIN 40MG/ML VIAL	00364-6739-48	N/A
GENTAMICIN 40MG/ML VIAL	00364-6739-52	N/A
GENTAMICIN 40MG/ML VIAL	00364-6739-55	N/A
GENTAMICIN 40MG/ML VIAL	00536-4685-73	N/A
GENTAMICIN 40MG/ML VIAL	00536-4690-67	N/A
GENTAMICIN SU 40MG/ML VIAL	00402-0559-02	N/A
GENTAMINCIN 40MG/ML VIAL	00536-4690-73	N/A
GENTRAN 40	00338-0272-03	J7100, J7110
GENTRAN 40	00338-0270-03	J7100, J7110
GENTRAN 40	00338-0271-03	J7100, J7110
GENTRAN 40	00338-0269-03	J7100, J7110
GENTRAN 75	00338-0263-03	J7100, J7110
GENTRAN 75	00338-0265-03	J7100, J7110
GENTRAN/TRAV	00338-0267-03	J7100, J7110
HALDOL	00045-0255-01	J1630
HALDOL DECANOATE	00045-0254-14	J1631
HEPARIN LOCK	00338-8112-69	J1642, J1644
HEPARIN LOCK	00338-8206-69	J1642, J1644
HEPARIN LOCK	00338-8209-69	J1642, J1644
HEPARIN LOCK	00338-8212-69	J1642, J1644
HEPARIN LOCK	00338-8210-70	J1642, J1644
HEPARIN LOCK	00338-8213-70	J1642, J1644
HEPARIN LOCK	00338-8106-69	J1642, J1644
HEPARIN LOCK	00338-8110-70	J1642, J1644
HEPARIN LOCK	00338-8113-70	J1642, J1644
HEPARIN LOCK FLUSH SOLUTION	00641-0392-25	J1642, J1644
HEPARIN LOCK FLUSH SOLUTION	00641-0393-25	J1642, J1644
HEPARIN LOCK FLUSH SOLUTION	00641-2438-45	J1642, J1644
HEPARIN LOCK FLUSH SOLUTION	00641-2442-45	J1642, J1644

Exhibit A

DRUG NAME	NDC NUMBERS	HCPCS Codes
HEPARIN LOCK FLUSH SOLUTION	00641-0389-25	J1642, J1644
HEPARIN LOCK FLUSH SOLUTION	00641-0387-25	J1642, J1644
HEPARIN LOCK FLUSH SOLUTION	00641-2436-45	J1642, J1644
HEPARIN LOCK FLUSH SOLUTION	00641-2443-45	J1642, J1644
HEPARIN LOCK FLUSH SOLUTION PRESERVATIVE FREE	00641-0414-25	J1642, J1644
HEPARIN LOCK FLUSH SOLUTION PRESERVATIVE FREE	00641-0411-25	J1642, J1644
HEPARIN LOCK INJ 100U/ML	00074-1152-12	J1642
HEPARIN LOCK INJ 100U/ML	00074-1152-14	J1642
HEPARIN LOCK INJ 100U/ML	00074-1152-70	J1642
HEPARIN LOCK INJ 100U/ML	00074-1152-78	J1642
HEPARIN LOCK INJ 100U/ML	00074-1281-01	J1642
HEPARIN LOCK INJ 100U/ML	00074-1281-02	J1642
HEPARIN LOCK INJ 100U/ML	00074-1281-03	J1642
HEPARIN LOCK INJ 100U/ML	00074-1281-05	J1642
HEPARIN LOCK INJ 100U/ML	00074-1281-11	J1642
HEPARIN LOCK INJ 100U/ML	00074-1281-12	J1642
HEPARIN LOCK INJ 100U/ML	00074-1281-13	J1642
HEPARIN LOCK INJ 100U/ML	00074-1281-15	J1642
HEPARIN LOCK INJ 100U/ML	00074-1281-21	J1642
HEPARIN LOCK INJ 100U/ML	00074-1281-22	J1642
HEPARIN LOCK INJ 100U/ML	00074-1281-23	J1642
HEPARIN LOCK INJ 100U/ML	00074-1281-25	J1642
HEPARIN LOCK INJ 100U/ML	00074-1281-31	J1642
HEPARIN LOCK INJ 100U/ML	00074-1281-32	J1642
HEPARIN LOCK INJ 100U/ML	00074-1281-33	J1642
HEPARIN LOCK INJ 100U/ML	00074-1281-35	J1642
HEPARIN LOCK INJ 100U/ML	00074-3454-05	J1642
HEPARIN LOCK INJ 100U/ML	00074-3454-25	J1642
HEPARIN LOCK INJ 10U/ML	00074-1151-12	J1642
HEPARIN LOCK INJ 10U/ML	00074-1151-14	J1642
HEPARIN LOCK INJ 10U/ML	00074-1151-70	J1642
HEPARIN LOCK INJ 10U/ML	00074-1151-78	J1642
HEPARIN LOCK INJ 10U/ML	00074-1280-01	J1642
HEPARIN LOCK INJ 10U/ML	00074-1280-02	J1642
HEPARIN LOCK INJ 10U/ML	00074-1280-03	J1642
HEPARIN LOCK INJ 10U/ML	00074-1280-05	J1642
HEPARIN LOCK INJ 10U/ML	00074-1280-11	J1642
HEPARIN LOCK INJ 10U/ML	00074-1280-12	J1642
HEPARIN LOCK INJ 10U/ML	00074-1280-13	J1642
HEPARIN LOCK INJ 10U/ML	00074-1280-15	J1642
HEPARIN LOCK INJ 10U/ML	00074-1280-21	J1642
HEPARIN LOCK INJ 10U/ML	00074-1280-22	J1642
HEPARIN LOCK INJ 10U/ML	00074-1280-23	J1642
HEPARIN LOCK INJ 10U/ML	00074-1280-25	J1642
HEPARIN LOCK INJ 10U/ML	00074-1280-31	J1642
HEPARIN LOCK INJ 10U/ML	00074-1280-32	J1642
HEPARIN LOCK INJ 10U/ML	00074-1280-33	J1642
HEPARIN LOCK INJ 10U/ML	00074-1280-35	J1642
HEPARIN LOCK INJ 10U/ML	00074-4822-01	J1642
HEPARIN DEXTROSE INJ 40U/ML	00264-9567-10	J1644
HEPARIN DEXTROSE INJ 100U/ML	00264-9587-20	J1644
HEPARIN DEXTROSE INJ 50U/ML	00264-9577-10	J1644
HEPARIN SODIUM INJECTION	00009-0268-02	J1642, J1644
HEPARIN SODIUM INJECTION	00009-0268-12	J1642, J1644
HEPARIN SODIUM INJECTION	00009-0291-02	J1642, J1644
HEPARIN SODIUM INJECTION	00009-0317-01	J1642, J1644
HEPARIN SODIUM INJECTION	00009-0317-10	J1642, J1644
HEPARIN SODIUM INJECTION	00009-0317-11	J1642, J1644
HEPARIN SODIUM INJECTION	00264-9872-10	J1644

Exhibit A

DRUG NAME	NDC NUMBERS	HCPCS Codes
IMITREX	00173-0449-02	J3030
INTAL	00585-0673-02	J7631
INFED 50MG/ML VIAL	00364-3012-47	N/A
INFED 50MG/ML VIAL	52544-0931-02	J1750
INTEGRILIN	00085-1136-01	J1327
INTEGRILIN	00085-1177-01	J1327
INTEGRILIN	00085-1177-02	J1327
INTRON-A	00085-0539-01	J9214
INTRON-A	00085-0571-02	J9214
INTRON-A	00085-1110-01	J9214
IPRATROPIUM BROMIDE	49502-0685-03	J7644
IPRATROPIUM BROMIDE	49502-0685-33	J7644
IPRATROPIUM BROMIDE	49502-0685-60	J7644
IVEEGAM	54129-0233-50	J1561-J1564
IVEEGAM EN	64193-0250-50	J1561-J1564
KOATE-HP	00026-0664-20	J7190
KOGENATE	00026-0670-20	J7192
KOGENATE FS	00026-0372-20	J7192
KOGENATE FS	00026-0372-30	J7192
KOGENATE FS	00026-0372-50	J7192
KYTRIL	00029-4149-01	J1625, J1626
KYTRIL	00029-4151-05	Q0166
KYTRIL	00029-4151-39	Q0166
KYTRIL	00029-4152-01	J1625, J1626
LANOXIN	00173-0260-10	J1160
LANOXIN	00173-0260-35	J1160
LEUCOVOR CA INJ 10MG/ML	00074-4541-02	J0640
LEUCOVOR CA INJ 10MG/ML	00074-4541-04	J0640
LEUCOVORIN CALCIUM	00703-5140-01	J0640
LEUCOVORIN CALCIUM FOR INJECTION	00205-4645-77	J0640
LEUCOVORIN CALCIUM FOR INJECTION	00205-4646-94	J0640
LEUCOVORIN CALCIUM FOR INJECTION	00205-5330-92	J0640
LEUCOVORIN CALCIUM FOR INJECTION	58406-0621-05	J0640
LEUCOVORIN CALCIUM FOR INJECTION	58406-0622-06	J0640
LEUCOVORIN CALCIUM FOR INJECTION	58406-0623-07	J0640
LEUCOVORIN CALCIUM TABLETS	00005-4501-90	J7150, J8999
LEUCOVORIN CALCIUM TABLETS	00005-4536-23	J7150, J8999
LEUCOVORIN CALCIUM TABLETS	00005-4536-38	J7150, J8999
LEUCOVORIN CALCIUM TABLETS	58406-0624-62	J7150, J8999
LEUCOVORIN CALCIUM TABLETS	58406-0624-67	J7150, J8999
LEUCOVORIN CALCIUM TABLETS	58406-0626-74	J7150, J8999
LEUKINE LIQUID	58406-0050-14	J2820
LEUKINE LIQUID	58406-0050-30	J2820
LEUKINE LYOPHILIZED	58406-0001-01	J2820
LEUKINE LYOPHILIZED	58406-0001-35	J2820
LEUKINE LYOPHILIZED	58406-0002-01	J2820
LEUKINE LYOPHILIZED	58406-0002-33	J2820
LEVAQUIN	00045-1520-10	J1956
LORAZEPAM INJ 2MG/ML	00074-1985-01	J2060
LORAZEPAM INJ 2MG/ML	00074-1985-10	J2060
LORAZEPAM INJ 2MG/ML	00074-1985-11	J2060
LORAZEPAM INJ 2MG/ML	00074-1985-12	J2060
LORAZEPAM INJ 2MG/ML	00074-1985-21	J2060
LORAZEPAM INJ 2MG/ML	00074-1985-30	J2060
LORAZEPAM INJ 2MG/ML	00074-1985-31	J2060
LORAZEPAM INJ 2MG/ML	00074-6776-01	J2060
LORAZEPAM INJ 2MG/ML	00074-6778-01	J2060
LORAZEPAM INJ 2MG/ML	00074-6778-02	J2060
LORAZEPAM INJ 2MG/ML	00074-6780-01	J2060

Exhibit A

DRUG NAME	NDC NUMBERS	HCPCS Codes
LORAZEPAM INJ 2MG/ML	00074-6780-02	J2060
LORAZEPAM INJ 4MG/ML	00074-1539-01	J2060
LORAZEPAM INJ 4MG/ML	00074-1539-10	J2060
LORAZEPAM INJ 4MG/ML	00074-1539-11	J2060
LORAZEPAM INJ 4MG/ML	00074-1539-12	J2060
LORAZEPAM INJ 4MG/ML	00074-1539-21	J2060
LORAZEPAM INJ 4MG/ML	00074-1539-31	J2060
LORAZEPAM INJ 4MG/ML	00074-6777-01	J2060
LORAZEPAM INJ 4MG/ML	00074-6779-01	J2060
LORAZEPAM INJ 4MG/ML	00074-6779-02	J2060
LORAZEPAM INJ 4MG/ML	00074-6781-01	J2060
LORAZEPAM INJ 4MG/ML	00074-6781-02	J2060
METAPROTERENOL	49502-0676-03	J7669
METAPROTERENOL	49502-0678-03	J7669
METHOTREXATE SODIUM FOR INJECTION	00205-4653-02	J9250, J9260
METHOTREXATE SODIUM FOR INJECTION	00205-4654-90	J9250, J9260
METHOTREXATE SODIUM FOR INJECTION	58406-0671-05	J9250, J9260
METHOTREXATE SODIUM FOR INJECTION	58406-0673-01	J9250, J9260
METHOTREXATE SODIUM INJECTION	00205-3338-34	J9250, J9260
METHOTREXATE SODIUM INJECTION	00205-4556-26	J9250, J9260
METHOTREXATE SODIUM INJECTION	58406-0681-14	J9250, J9260
METHOTREXATE SODIUM INJECTION	58406-0681-17	J9250, J9260
METHOTREXTE LPF SODIUM	00205-5325-26	J9250, J9260
METHOTREXTE LPF SODIUM	00205-5326-18	J9250, J9260
METHOTREXTE LPF SODIUM	00205-5327-30	J9250, J9260
METHOTREXTE LPF SODIUM	00205-5337-34	J9250, J9260
METHOTREXTE LPF SODIUM	58406-0683-12	J9250, J9260
METHOTREXTE LPF SODIUM	58406-0683-15	J9250, J9260
METHOTREXTE LPF SODIUM	58406-0683-16	J9250, J9260
METHOTREXTE LPF SODIUM	58406-0683-18	J9250, J9260
MIACALCIN	00078-0149-23	J0630
MITHRACIN	00026-8161-15	J9270
MYLERAN	00173-0713-25	J8510
NAVELBINE	00173-0656-01	J9390
NAVELBINE	00173-0656-44	J9390
NEOSAR FOR INJECTION	00013-5606-93	J8530, J9070, J9080, J9090-J9097
NEOSAR FOR INJECTION	00013-5616-93	J8530, J9070, J9080, J9090-J9097
NEOSAR FOR INJECTION	00013-5626-93	J8530, J9070, J9080, J9090-J9097
NEOSAR FOR INJECTION	00013-5636-70	J8530, J9070, J9080, J9090-J9097
NEOSAR FOR INJECTION	00013-5646-70	J8530, J9070, J9080, J9090-J9097
NEULASTA® 6 MG 0.6 ML 1PK	55513-0190-01	J2505
NEUPOGEN® 300 MCG 1.0 ML	55513-0347-10	J1440
NEUPOGEN® 300 MCG 1.0 ML 10PK	55513-0530-10	J1440
NEUPOGEN® 480 MCG 1.6 ML	55513-0348-10	J1441
NEUPOGEN® 480 MCG 1.6 ML 10PK	55513-0546-10	J1441
NEUPOGEN® SINGLEJECT 300 MCG 0.5 ML	55513-0924-10	J1440
NOVANTRONE	00205-9393-34	J9293
NOVANTRONE	00205-9393-36	J9293
NOVANTRONE	00205-9393-72	J9293
NOVANTRONE	58406-0640-03	J9293
NOVANTRONE	58406-0640-05	J9293
OSMITROL	00338-0345-03	J2150
OSMITROL	00338-0345-04	J2150
OSMITROL	00338-0353-03	J2150
OSMITROL	00338-0353-04	J2150
OSMITROL	00338-0354-04	J2150
OSMITROL	00338-0347-01	J2150
OSMITROL	00338-0347-03	J2150
OSMITROL	00338-0355-03	J2150

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DRUG NAME	NDC NUMBERS	HCPCS Codes
OSMITROL	00338-0349-02	J2150
OSMITROL	00338-0349-03	J2150
OSMITROL	00338-0343-04	J2150
OSMITROL	00338-0351-04	J2150
OSMITROL VFX	00338-0357-02	J2150
OSMITROL VFX	00338-0357-03	J2150
PARAPLATIN POWDER FOR INJECTION 50 MG/VIL	00015-3213-30	J9045
PERPHENAZINE	59930-1603-01	Q0175
PERPHENAZINE	59930-1605-01	Q0176
PROCRT	59676-0310-01	Q0136
PROCRT EPOETIN ALFA SOLUTION FOR INJECTION 10000 UNT/ML	59676-0312-01	Q0136, Q4055, Q9920-Q9940
PROCRT SOLUTION FOR INJECTION 10000 UNT/ML	59676-0310-02	Q0136, Q4055, Q9920-Q9940
PROCRT SOLUTION FOR INJECTION 2000 UNT/ML	59676-0302-01	Q0136, Q4055, Q9920-Q9940
PROCRT SOLUTION FOR INJECTION 2000 UNT/ML	59676-0302-02	Q0136, Q4055, Q9920-Q9940
PROCRT SOLUTION FOR INJECTION 20000 UNT/ML	59676-0320-01	Q0136, Q4055, Q9920-Q9940
PROCRT SOLUTION FOR INJECTION 3000 UNT/ML	59676-0303-01	Q0136, Q4055, Q9920-Q9940
PROCRT SOLUTION FOR INJECTION 3000 UNT/ML	59676-0303-02	Q0136, Q4055, Q9920-Q9940
PROCRT SOLUTION FOR INJECTION 4000 UNT/ML	59676-0304-01	Q0136, Q4055, Q9920-Q9940
PROCRT SOLUTION FOR INJECTION 4000 UNT/ML	59676-0304-02	Q0136, Q4055, Q9920-Q9940
PROCRT SOLUTION FOR INJECTION 40000 UNT/ML	59676-0340-01	Q0136, Q4055, Q9920-Q9940
PROGRAF	00469-0607-73	J7507
PROGRAF	00469-0617-11	J7507
PROGRAF	00469-0617-73	J7507
PROGRAF	00469-0657-11	J7507, J7508
PROGRAF	00469-0657-73	J7507, J7508
PROGRAF	00469-3016-01	J7507, J7525
PROVENTIL	00085-0208-01	J7618
PROVENTIL	00085-0208-02	J7618, J7619 KQ
PROVENTIL	00085-1806-01	J7619 KP, J7619 KQ
PULMICORT	00186-0915-42	J7626
PULMICORT	00186-1988-04	J7626
PULMICORT	00186-1989-04	J7626
RECOMBINATE	00944-2938-01	J7192
RECOMBINATE	00944-2938-02	J7192
RECOMBINATE	00944-2938-03	J7192
REMICADE	57894-0030-01	J1745
RETROVIR	00173-0107-93	J3485
SOD CHLORIDE INJ	00338-0043-03	J7030, J7040
SOD CHLORIDE INJ	00338-0043-04	J7030, J7040
SOD CHLORIDE INJ	00338-8021-79	J7030, J7040
SOD CHLORIDE INJ	00338-8301-79	J7030, J7040
SOD CHLORIDE INJ	00338-8017-77	J7030, J7040
SOD CHLORIDE INJ	00338-8302-69	J7030, J7040
SOD CHLORIDE INJ	00338-8018-70	J7030, J7040
SOD CHLORIDE INJ	00338-8019-70	J7030, J7040
SOD CHLORIDE INJ	00338-8303-70	J7030, J7040
SOD CHLORIDE INJ	00338-8020-72	J7030, J7040
SOD CHLORIDE INJ	00338-8303-72	J7030, J7040
SOD CHLORIDE INJ	00338-0049-10	J7030, J7040
SOD CHLORIDE INJ	00338-0049-11	J7030, J7040
SOD CHLORIDE INJ	00338-0049-31	J7030, J7040
SOD CHLORIDE INJ	00338-0049-41	J7030, J7040
SOD CHLORIDE INJ	00338-0553-11	J7030, J7040
SOD CHLORIDE INJ	00338-0049-18	J7030, J7040
SOD CHLORIDE INJ	00338-0049-38	J7030, J7040
SOD CHLORIDE INJ	00338-0049-48	J7030, J7040
SOD CHLORIDE INJ	00338-0553-18	J7030, J7040
SOD CHLORIDE INJ	00338-0049-01	J7030, J7040
SOD CHLORIDE INJ	00338-0044-02	J7030, J7040

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DRUG NAME	NDC NUMBERS	HCPCS Codes
SOD CHLORIDE INJ	00338-0049-02	J7030, J7040
SOD CHLORIDE INJ	00338-0044-03	J7030, J7040
SOD CHLORIDE INJ	00338-0049-03	J7030, J7040
SOD CHLORIDE INJ	00338-0049-04	J7030, J7040
SOD CHLORIDE INJ	00338-0053-03	J7030, J7040
SOD CHLORIDE INJ	00338-0054-03	J7030, J7040
SOD CHLORIDE INJ	00338-0055-03	J7030, J7040
SOD CHLORIDE INJ	00338-0056-03	J7030, J7040
SOD CHLORIDE INJ	00338-0045-11	J7030, J7040
SOD CHLORIDE INJ	00338-0045-12	J7030, J7040
SOD CHLORIDE INJ	00338-1452-02	J7030, J7040
SOD CHLORIDE INJ	00338-1452-48	J7030, J7040
SOD CHLORIDE INJ .9% BACT	00074-1966-04	J2912
SOD CHLORIDE INJ .9% BACT	00074-1966-05	J2912
SOD CHLORIDE INJ .9% BACT	00074-1966-07	J2912
SOD CHLORIDE INJ .9% BACT	00074-1966-12	J2912
SOD CHLORIDE INJ .9% BACT	00074-1966-14	J2912
SOD CHLORIDE INJ 0.45%	00074-7985-02	J7030
SOD CHLORIDE INJ 0.45%	00074-7985-03	J7030
SOD CHLORIDE INJ 0.45%	00074-7985-09	J7030
SOD CHLORIDE INJ 0.45%	00264-7802-00	
SOD CHLORIDE INJ 0.45%	00264-7802-10	
SOD CHLORIDE INJ 0.45%	00264-1402-00	
SOD CHLORIDE INJ 0.45%	00264-1402-10	
SOD CHLORIDE INJ 0.9%	00074-1492-01	J2912
SOD CHLORIDE INJ 0.9%	00074-1493-01	J2912
SOD CHLORIDE INJ 0.9%	00074-1583-01	J7030
SOD CHLORIDE INJ 0.9%	00074-1583-02	J7030, J7040, J7050
SOD CHLORIDE INJ 0.9%	00074-1584-01	J2912
SOD CHLORIDE INJ 0.9%	00074-1584-11	J2912
SOD CHLORIDE INJ 0.9%	00074-1811-02	J2912
SOD CHLORIDE INJ 0.9%	00074-1811-05	J2912
SOD CHLORIDE INJ 0.9%	00074-1812-02	J2912
SOD CHLORIDE INJ 0.9%	00074-1812-03	J2912
SOD CHLORIDE INJ 0.9%	00074-1812-05	J2912
SOD CHLORIDE INJ 0.9%	00074-1812-22	J2912
SOD CHLORIDE INJ 0.9%	00074-1812-23	J2912
SOD CHLORIDE INJ 0.9%	00074-1812-25	J2912
SOD CHLORIDE INJ 0.9%	00074-1885-02	J2912
SOD CHLORIDE INJ 0.9%	00074-1885-03	J2912
SOD CHLORIDE INJ 0.9%	00074-1885-05	J2912
SOD CHLORIDE INJ 0.9%	00074-1918-32	J2912
SOD CHLORIDE INJ 0.9%	00074-1918-33	J2912
SOD CHLORIDE INJ 0.9%	00074-1918-35	J2912
SOD CHLORIDE INJ 0.9%	00074-2102-02	J2912, J7051
SOD CHLORIDE INJ 0.9%	00074-2102-05	J2912, J7051
SOD CHLORIDE INJ 0.9%	00074-2102-30	J2912
SOD CHLORIDE INJ 0.9%	00074-2102-32	J2912
SOD CHLORIDE INJ 0.9%	00074-4888-10	J2912
SOD CHLORIDE INJ 0.9%	00074-4888-12	J2912
SOD CHLORIDE INJ 0.9%	00074-4888-20	J2912
SOD CHLORIDE INJ 0.9%	00074-4888-50	J2912
SOD CHLORIDE INJ 0.9%	00074-4888-70	J2912
SOD CHLORIDE INJ 0.9%	00074-4888-99	J2912
SOD CHLORIDE INJ 0.9%	00074-7101-02	J2912, J7030, J7040, J7050
SOD CHLORIDE INJ 0.9%	00074-7101-13	J2912
SOD CHLORIDE INJ 0.9%	00074-7101-23	J2912
SOD CHLORIDE INJ 0.9%	00074-7101-66	J2912

Exhibit A

DRUG NAME	NDC NUMBERS	HCPCS Codes
SOD CHLORIDE INJ 0.9%	00074-7101-67	J2912
SOD CHLORIDE INJ 0.9%	00074-7983-02	J7030, J7030, J7040, J7050
SOD CHLORIDE INJ 0.9%	00074-7983-03	J7030, J7030, J7040, J7050
SOD CHLORIDE INJ 0.9%	00074-7983-09	J7030, J7030, J7040, J7050
SOD CHLORIDE INJ 0.9%	00074-7983-53	J7030
SOD CHLORIDE INJ 0.9%	00074-7983-55	J7030, J7030, J7040, J7050
SOD CHLORIDE INJ 0.9%	00074-7983-61	J7030
SOD CHLORIDE INJ 0.9%	00074-7984-13	J2912
SOD CHLORIDE INJ 0.9%	00074-7984-20	J2912
SOD CHLORIDE INJ 0.9%	00074-7984-23	J2912
SOD CHLORIDE INJ 0.9%	00074-7984-36	J2912
SOD CHLORIDE INJ 0.9%	00074-7984-37	J2912
SOD CHLORIDE INJ 0.9%	00264-7800-00	J7030, J7040, J7050
SOD CHLORIDE INJ 0.9%	00264-1800-36	J7130, J2912
SOD CHLORIDE INJ 0.9%	00264-1800-31	J7130, J2912
SOD CHLORIDE INJ 0.9%	00264-1800-32	J7130, J2912
SOD CHLORIDE INJ 0.9%	00264-1400-00	J7030, J7040, J7050
SOD CHLORIDE INJ 0.9%	00264-4000-55	J7030, J7040, J7050
SOD CHLORIDE INJ 0.9%	00264-1400-23	J7130, J2912
SOD CHLORIDE INJ 0.9%	00264-1400-10	J7030, J7040, J7050
SOD CHLORIDE INJ 0.9%	00264-7800-20	J7030, J7040, J7050
SOD CHLORIDE INJ 0.9%	00264-7800-10	J7030, J7040, J7050
SOD CHLORIDE INJ 0.9%	00264-2201-00	
SOD CHLORIDE INJ 0.9%	00264-2201-50	
SOD CHLORIDE INJ 0.9%	00264-2201-10	
SOD CHLORIDE INJ 0.9%	00264-2201-70	
SOD CHLORIDE INJ 3%	00264-7805-10	J7030, J7040, J7050
SOD CHLORIDE INJ 5%	00264-7806-10	J7030, J7040, J7050
SOD CHLORIDE INJ 23.4%	00074-1130-02	J7030
SOD CHLORIDE INJ 23.4%	00074-1141-01	J7030
SOD CHLORIDE INJ 23.4%	00074-1141-02	J7030
SOD CHLORIDE KIT 0.9%	00074-1885-12	J2912
SODIUM CHLOR SOL	00338-0048-02	J7030, J7040
SODIUM CHLOR SOL	00338-0048-03	J7030, J7040
SODIUM CHLOR SOL	00338-0047-04	J7030, J7040
SODIUM CHLOR SOL	00338-0047-24	J7030, J7040
SODIUM CHLOR SOL	00338-0047-44	J7030, J7040
SODIUM CHLOR SOL	00338-0048-04	J7030, J7040
SODIUM CHLOR SOL	00338-0051-44	J7030, J7040
SODIUM CHLOR SOL	00338-0047-05	J7030, J7040
SODIUM CHLOR SOL	00338-0048-05	J7030, J7040
SODIUM CHLOR SOL	00338-0047-46	J7030, J7040
SODIUM CHLOR SOL	00338-0047-27	J7030, J7040
SODIUM CHLOR SOL	00338-0047-47	J7030, J7040
SODIUM CHLOR SOL	00338-0050-47	J7030, J7040
SODIUM CHLOR SOL	00338-0047-29	J7030, J7040
SODIUM CHLOR SOL	00338-0640-02	J7030, J7040
SODIUM CHLORIDE FOR INJECTION USP 0.9 %	00264-4000-55	J7030, J7040, J7050
SODIUM CHLORIDE INJECTION 3 %	00264-7805-10	J7130
SODIUM CHLORIDE INJECTION 5 %	00264-7806-10	J7130
SODIUM CHLORIDE INJECTION SOLUTION USP 0.9 %	00338-0044-02	J7030, J7040, J7050
SODIUM CHLORIDE INJECTION SOLUTION USP 0.9 %	00338-0044-03	J7030, J7040, J7050
SODIUM CHLORIDE INJECTION USP 0.9 %WV	00338-0049-02	J7030, J7040, J7050
SODIUM CHLORIDE INJECTION USP 0.9 %WV	00338-0049-03	J7030, J7040, J7050
SODIUM CHLORIDE INJECTION USP 0.9 %WV	00338-0049-04	J7030, J7040, J7050
SOLU CORTEF INJECTION	00009-0825-01	J1700, J1710, J1720
SOLU CORTEF STERILE POWDER FOR INJECTION	00009-0900-13	J1700, J1710, J1720
SOLU CORTEF STERILE POWDER FOR INJECTION	00009-0900-20	J1700, J1710, J1720
SOLU CORTEF STERILE POWDER FOR INJECTION	00009-0909-08	J1700, J1710, J1720

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DRUG NAME	NDC NUMBERS	HCPCS Codes
SOLU CORTEF STERILE POWDER FOR INJECTION	00009-0909-16	J1700, J1710, J1720
SOLU CORTEF STERILE POWDER FOR INJECTION	00009-0912-05	J1700, J1710, J1720
SOLU CORTEF STERILE POWDER FOR INJECTION	00009-0920-03	J1700, J1710, J1720
SOLU MEDROL INJECTION	00009-0190-09	J1020, J1030, J1040, J2920, J2930, J7509
SOLU MEDROL INJECTION	00009-0190-16	J1020, J1030, J1040, J2920, J2930, J7509
SOLU MEDROL INJECTION	00009-0758-01	J1020, J1030, J1040, J2920, J2930, J7509
SOLU MEDROL INJECTION	00009-0765-02	J1020, J1030, J1040, J2920, J2930, J7509
SOLU MEDROL INJECTION	00009-0796-01	J1020, J1030, J1040, J2920, J2930, J7509
SOLU MEDROL INJECTION	00009-3389-01	J1020, J1030, J1040, J2920, J2930, J7509
SOLU-MEDROL INJECTION	00009-0113-12	J1020, J1030, J1040, J2920, J2930, J7509
SOLU-MEDROL INJECTION	00009-0113-19	J1020, J1030, J1040, J2920, J2930, J7509
SOLU-MEDROL INJECTION	00009-0698-01	J1020, J1030, J1040, J2920, J2930, J7509
SPORANOX	50458-0290-01	J1835
TAXOL	15345-0620-00	J9265
TAXOL	15345620	J9265
TAXOL	15347520	
TAXOL	15347527	
TAXOL	15347530	
TAXOL	15347620	
TAXOL	15347627	
TAXOL	15347630	
TAXOL	15347911	
TAXOL INJECTION 30 MG/5 ML	00015-3475-30	J9265
TAXOL INJECTION 300 MG/50 ML	00015-3479-11	J9265
TAXOL INJECTION SOLUTION CONCENTRATE 100 MG/16.7ML	00015-3476-30	J9265
TAXOTERE	00075-8001-80	J9170
TAXOTERE CONCENTRATE FOR INJECTION 40 MG/ML	00075-8001-20	J9170
TEMODAR	00085-1244-01	J8700
TEMODAR	00085-1244-02	J8700
TEMODAR	00085-1248-01	J8700
TEMODAR	00085-1248-02	J8700
TEMODAR	00085-1252-01	J8700
TEMODAR	00085-1252-02	J8700
TEMODAR	00085-1259-01	J8700
TEMODAR	00085-1259-02	J8700
TEQUIN		J1590
TEQUIN	00015-1117-50	
TEQUIN	00015-1117-80	
TEQUIN	00015-1177-21	
TEQUIN	00015-1177-60	
TEQUIN	00015-1177-80	
TEQUIN	00015-1179-80	
TEQUIN	00015-1180-79	
TEQUIN	00015-1181-79	
THIOPLEX	00005-4630-91	J9340
THIOPLEX	58406-0661-02	J9340
THIOPLEX	58406-0661-31	J9340
THIOPLEX	58406-0661-36	J9340
TOBRAMYCIN INJ 10MG/ML	00074-3254-03	J3260
TOBRAMYCIN INJ 10MG/ML	00074-3255-03	J3260
TOBRAMYCIN INJ 10MG/ML	00074-3577-01	J3260
TOBRAMYCIN INJ 40MG/ML	00074-3578-01	J3260
TOBRAMYCIN INJ 40MG/ML	00074-3582-01	J3260
TOBRAMYCIN INJ 40MG/ML	00074-3583-01	J3260
TOBRAMYCIN INJ 40MG/ML	00074-3590-02	J3260
TOBRAMYCIN SULFATE	00703-9402-04	J3260
TOBRAMYCIN SULFATE INJECTION 40 MG/ML	00703-9416-01	J3260
TOPOSAR INJECTION	00013-7336-91	J8560, J9181, J9182
TOPOSAR INJECTION	00013-7346-94	J8560, J9181, J9182

Exhibit A

DRUG NAME	NDC NUMBERS	HCPCS Codes
TRAVASOL AMINO ACIDS WITH ELECTROLYTES INJECTION 5.5 %	00338-0457-03	J3490
TRAVASOL AMINO ACIDS WITH ELECTROLYTES INJECTION 5.5 %	00338-0457-04	J3490
TRAVASOL AMINO ACIDS WITH ELECTROLYTES INJECTION 8.5 %	00338-0459-03	J3490
TRAVASOL AMINO ACIDS WITH ELECTROLYTES INJECTION 8.5 %	00338-0459-04	J3490
TRAVASOL M WITH ELECTROLYTES 45 INJECTION 3.5 %	00338-0627-03	J3490
TRAVASOL M WITH ELECTROLYTES 45 INJECTION 3.5 %	00338-0627-04	J3490
TRAVASOL	00338-0626-03	B CODES
TRAVASOL	00338-0458-03	B CODES
TRAVASOL	00338-0458-04	B CODES
TRAVASOL	00338-0458-06	B CODES
TRAVASOL	00338-0644-03	B CODES
TRAVASOL	00338-0644-04	B CODES
TRAVASOL	00338-0651-98	B CODES
TRAVASOL	00338-0785-98	B CODES
TRAVASOL	00338-0789-98	B CODES
TRAVASOL	00338-0457-06	B CODES
TRAVASOL	00338-0459-06	B CODES
TRAVASOL	00338-0629-02	B CODES
TRAVASOL	00338-0629-03	B CODES
TRAVASOL	00338-0629-04	B CODES
TRAVASOL	00338-0629-06	B CODES
TRAVASOL	00338-0644-06	B CODES
TRAVASOL	00338-0623-03	B CODES
TRAVASOL	00338-0623-04	B CODES
TRAVASOL	00338-0623-06	B CODES
TRAVASOL	00338-0789-98	B CODES
TRAVASOL	00338-0625-03	B CODES
TRAVASOL	00338-0625-04	B CODES
TRAVASOL	00338-0625-06	B CODES
TRAVASOL	00338-0787-98	B CODES
TRAVASOL	00338-0653-98	B CODES
TRAVASOL W/DEXTROSE	00338-0821-04	B CODES
TRAVASOL W/DEXTROSE	00338-0823-04	B CODES
TRAVASOL W/DEXTROSE	00338-0829-04	B CODES
TRAVASOL W/DEXTROSE	00338-0831-04	B CODES
TRAVASOL W/DEXTROSE	00338-0833-04	B CODES
TRAVASOL W/DEXTROSE	00338-0835-04	B CODES
TRAVASOL W/DEXTROSE	00338-0837-04	B CODES
TRAVASOL W/DEXTROSE	00338-0839-04	B CODES
TRAVASOL W/DEXTROSE	00338-0628-03	B CODES
TRAVASOL W/DEXTROSE	00338-0628-04	B CODES
TRAVASOL W/DEXTROSE	00338-0624-03	B CODES
TRAVASOL W/DEXTROSE	00338-0460-03	B CODES
TRAVASOL W/DEXTROSE	00338-0460-04	B CODES
TRAVASOL W/DEXTROSE	00338-0460-06	B CODES
TRAVASOL W/DEXTROSE	00338-0626-03	B CODES
TRAVASOL W/DEXTROSE	00338-0626-04	B CODES
TRAVASOL W/DEXTROSE	00338-0841-04	B CODES
TRAVASOL W/DEXTROSE	00338-0843-04	B CODES
TRAVASOL W/DEXTROSE	00338-0851-04	B CODES
TRAVASOL W/DEXTROSE	00338-0853-04	B CODES
TRAVASOL W/DEXTROSE	00338-0859-04	B CODES
VANCOCIN/DEX	00338-3551-48	J3370
VANCOCIN HCL	00338-3552-48	J3370
VANCOMYCIN INJ 1000MG	00074-6533-01	J3370
VANCOMYCIN INJ 1000MG	00074-6535-01	J3370
VANCOMYCIN INJ 500MG	00074-4332-01	J3370
VANCOMYCIN INJ 500MG	00074-6534-01	J3370
VANCOMYCIN INJ 5GM	00074-6509-01	J3370

Exhibit A

DRUG NAME	NDC NUMBERS	HCPCS Codes
VANCOMYCIN 500MG VIAL	00364-2472-33	N/A
VENTOLIN	00173-0385-58	J7625
VENTOLIN	00173-0419-00	J7620
VEPESID	15306120	J9181, J9182
VEPESID	15306124	
VEPESID	15306220	
VEPESID	15306224	
VEPESID	15308420	
VEPESID	15309145	
VEPESID	15309510	
VEPESID	15309520	
VEPESID	15309530	
VEPESID	15331001	
VEPESID	15331301	
VEPESID .5GM VIAL W/CYTOGD	00015-3061-20	J9181, J9182
VEPESID CAPSULES 50 MG	00015-3091-45	J8560
VEPESID INJECTION SOLUTION 1 GM/VIAL	00015-3062-20	J9181, J9182
VEPESID INJECTION SOLUTION 100 MG/VIL	00015-3095-20	J9181, J9182
VEPESID INJECTION SOLUTION 150 MG/VIAL	00015-3084-20	J9181, J9182
VINBLASTINE SULFATE INJECTION 1 MG	63323-0278-10	J9360
VINCASAR PFS INJECTION	00013-7456-86	J9370, J9375, J9380
VINCASAR PFS INJECTION	00013-7466-86	J9370, J9375, J9380
ZANTAC	00173-0362-00	J2780
ZANTAC	00173-0362-38	J2780
ZANTAC	00173-0363-00	J2780
ZANTAC	00173-0363-01	J2780
ZANTAC	00173-0363-39	J2780
ZITHROMAX AZITHROMYCIN FOR INJECTION	61947-3150-03	J0456
ZITHROMAX FOR ORAL SUSPENSION	00069-3110-19	J0456
ZITHROMAX FOR ORAL SUSPENSION	00069-3120-19	J0456
ZITHROMAX FOR ORAL SUSPENSION	00069-3120-23	J0456
ZITHROMAX FOR ORAL SUSPENSION □CHERRY FLAVORED	00069-3140-19	J0456
ZITHROMAX FOR ORAL SUSPENSION 900 MG	00069-3130-19	J0456
ZITHROMAX INJECTION	00069-3150-83	J0456
ZITHROMAX INJECTION 500MG	00069-3150-14	J0456
ZITHROMAX ORAL SUSPENSION SINGLE □DOSE PACKET	00069-3051-07	J0456
ZITHROMAX ORAL SUSPENSION SINGLE □DOSE PACKET	00069-3051-75	J0456
ZITHROMAX ORAL SUSPENSION SINGLE □DOSE PACKET	00069-3051-90	J0456
ZITHROMAX TABLETS	00069-3060-30	J0456
ZITHROMAX TABLETS	00069-3070-75	J0456
ZITHROMAX TABLETS	00069-3070-86	J0456
ZITHROMAX TABLETS	00069-3080-30	J0456
ZITHROMAX TABLETS	65427-0306-90	J0456
ZITHROMAX TABLETS	65427-0307-30	J0456
ZITHROMAX TABLETS	65427-0307-75	J0456
ZITHROMAX TABLETS	65427-0307-86	J0456
ZOFRAN	00173-0442-00	J2405
ZOFRAN	00173-0442-02	J2405
ZOFRAN	00173-0447-00	Q0179
ZOFRAN	00173-0447-02	Q0179
ZOFRAN	00173-0447-04	Q0179
ZOFRAN	00173-0461-00	J2405
ZOLADEX	00310-0960-36	J9202
ZOLADEX	00310-0961-30	J9202
ZOVIRAX	00173-0952-01	Q4075
ZOVIRAX	00173-0995-01	J3490, Q4075